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| **Name of employee:** |   |
| **Job title:** |   |
| **Employee number:** |  |
| **Date of maternity/adoption leave curtailment notice:** |   |
| **I previously notified you that I wished to end my maternity/adoption leave on:** |   |
| I no longer wish to end my maternity/adoption leave and would like to revoke my maternity/adoption leave curtailment notice. [I would also like to revoke my maternity/adoption pay period curtailment notice.] |
| **Signed:** |   |
| **Dated:** |   |
| **Notes**You can withdraw your maternity/adoption leave curtailment notice only if:* it is discovered that neither you nor your partner are entitled to shared parental leave or statutory shared parental pay and you withdraw your maternity/adoption leave curtailment notice within eight weeks of providing your maternity/adoption leave curtailment notice;
* you gave the maternity/adoption leave curtailment notice before the birth of your child and you withdraw your maternity/adoption leave curtailment notice within six weeks of your child's birth; or
* your partner has died (if this is the case, please state the date of death here: [ ]).
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